



Business Tax Receipt Division

1607 NW 136 Ave., Bldg. B · Sunrise, FL 33323 · P: 954.572.2352 · F: 954.572.2357

MERCHANT'S AFFIDAVIT

STATE OF FLORIDA

COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared _____
Who being duly sworn states the following: *(Print Name of Applicant)*

1) Name of Business: _____

2) That He/She is the: _____
(President, Owner, Agent, Director, Etc.)

Of the above described business and makes the Affidavit of His/Her personal knowledge.

3) That the retail and/or wholesale value of inventory of this business is not greater than:
\$ _____

Signature: _____ Date: ____/____/____

SWORN TO AND SUBSCRIBED before me this _____

Day of _____, 20____, at Sunrise,
Broward County, Florida.

NOTARY PUBLIC - STATE OF FLORIDA AT – LARGE

My Commission Expires:

☐ Personally Known

☐ Produced I.D.

☐ Type of I. D. Produced: _____